

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) TITLE I-B

TRANSFER OF FUNDS REQUEST FORM

1. CONTRACTOR	2. CONTRACTOR ID NUMBER
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WIOA Section 133 (b) (4) provides the authority for Local Workforce Development Boards (LWDBs) the ability to transfer, if such a transfer is approved by the Arizona Department of Economic Security (ADES), up to and including 100 percent of the funds allocated to the Local Workforce Development Area (LWDA) under paragraph (2)(A) or (3), and up to and including 100 percent of the funds allocated to the local area under paragraph (2)(B), for a fiscal year between— (A) adult employment and training activities; and (B) dislocated worker employment and training activities.

WIOA Title I-B Fiscal Policy, Section 600-Transfer of Funds, allows LWDBs to request a transfer of unexpended Rapid Response funds to the WIOA Title I-B Dislocated Worker Program when dislocated worker funds in a LWDA have been fully expended for a Program Year.

This request does not change the amount of the allocation, but only the use of funds for respective programs.

Adult PY/ FY	Original Allocation of \$	To New Allocation of \$
Dislocated Worker PY/FY	Original Allocation of \$	To New Allocation of \$
Unobligated Rapid Response PY/FY <i>*can only be transferred to DW when all DW funds have been expended.</i>	Original Allocation of \$	To New Allocation of \$

ARIZONA DEPARTMENT OF ECONOMIC SECURITY	CONTRACTOR:
SIGNATURE OF AUTHORIZED INDIVIDUAL	SIGNATURE OF AUTHORIZED INDIVIDUAL
TYPED NAME	TYPED NAME
TITLE	TITLE
DATE	DATE

TRANSFER OF FUNDS REQUEST FORM

WRITTEN REQUEST

Date:

Local Workforce Development Board:

Funding Source of Transfer			Amount of Transfer Requested	Percent of Transfer Requested
<input type="checkbox"/> Adult	<input type="checkbox"/> DW	<input type="checkbox"/> Rapid Response (to DW)	\$	%

1. Describe the situation that necessitates the LWDAs need to transfer funds. Include labor market information and other economic conditions that contributed to the need for this transfer request.
2. Explain how the transfer of funds will impact the participant levels in both the Adult and Dislocated Worker Programs. Provide an estimate of the number of Adult and Dislocated Worker expected to be served if the transfer is granted.
3. Explain the effect of the transfer on current providers of training and other services. Include the impact on jointly funded employment and training programs in the local ARIZONA@WORK Job Center.
4. Describe the expected improvement in WIOA performance outcomes in terms of percentage for both funding streams, if funding is better aligned with participants' needs in the LWDA.

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ASSURANCES

I assure that the transfer of funds requested herein will not:

1. Adversely affect individuals needing services provided by the program subject to reduced funding.
2. Reduce the required rate of expenditure by the end of the program year for the funding source to which funds are transferred.

Name of LWDA Director (Printed)

Signature

Date

Name of LWDB Chairperson (Printed)

Signature

Date

SUBMITTAL INSTRUCTIONS

This form may be submitted electronically or by mail to the Department of Economic Security for review to:

Maha Madhanakumar
Financial Manager, Division of Employment & Rehabilitation Services (DERS)
Finance and Budget Unit
Phone: 602-542-2474
Email: mmadhanakumar@azdes.gov

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.